

DEPARTMENT OF SOCIAL SERVICES

44 P Street, Sacramento, CA 95814



April 29, 1985

ALL-COUNTY INFORMATION NOTICE I-33-85

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS

SUBJECT: STATEWIDE WELFARE FRAUD HOTLINE

REFERENCE:

In accordance with Senate Bill (SB) 2171, the State Department of Social Services (SDSS), has established a 24-hour welfare fraud hotline for use by the public in reporting situations of welfare fraud. The toll free hotline number is 1-800-344-TIPS (8477), and will be in full operation by April 19, 1985. A media campaign has been developed to advertise the hotline through the use of posters, radio, and television.

The following outline provides a description of how the statewide hotline will operate, highlighting the specific responsibilities of county and state staff:

I. SDSS Review/Referral Process

A. Staff from the SDSS, Fraud Program Management Section will be responsible for the following:

1. Initial screening of the hotline tip to determine if there is probable cause to refer the allegation to the county special investigative unit (SIU).
2. Preparing the referral document and forwarding it to the appropriate county.

II. County Investigative Process

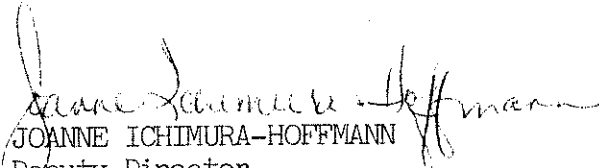
Upon receipt of a hotline referral from SDSS, the county SIU will be responsible for the following:

- (1) determining if the allegation has any factual basis; and
- (2) taking appropriate action, if fraud is indicated.

III. Reporting

In order to evaluate the effectiveness of the fraud hotline, it is necessary to capture relevant statistical data. To do this, we have provided a tear-off section on the referral sheet Form DPA 403 (copy attached). Each referral should have action taken and a response sent to the SDSS, Fraud Program Management Section within 90 days of the referral.

We look forward to the counties' cooperation on this project. If you have any questions regarding the hotline, please contact Michael F. Back, Chief, Fraud Program Management Section at (916) 924-2836.


JOANNE ICHIMURA-HOFFMANN
Deputy Director
Management Systems and
Evaluation Division

Attachment

cc: CWDA

FRAUD HOTLINE REFERRAL

DATE
CONTROL NUMBER
NAME OF STAFF MEMBER

NAME OF RECIPIENT		ALSO KNOWN AS			
STREET ADDRESS		COUNTY			
SOCIAL SECURITY NUMBER	PHONE NUMBER	DATE OF BIRTH DAY	MONTH	YEAR	NUMBER OF PEOPLE IN HOUSEHOLD
PHYSICAL DESCRIPTION					

NATURE OF COMPLAINT

NAME OF COMPLAINANT (Optional)	ADDRESS (Optional)	PHONE NUMBER (Optional)
--------------------------------	--------------------	-------------------------

REFERRED TO	DATE	DID NOT REFER (Specify)
-------------	------	-------------------------

Does allegation deal with child abuse? ☐ YES ☐ NO If yes, refer to: OFFICE OF CHILD ABUSE PREVENTION, M.S. 9-100

(PA 403 (1-65))

(FILL IN HERE)

CONTROL NUMBER

PLEASE COMPLETE AND RETURN WITHIN 90 DAYS

PROGRAM INVOLVED

☐ AFDC ☐ Food Stamps ☐ Medi-Cal ☐ SSI/SSP ☐ Other (Specify) _____

INVESTIGATION COMPLETED

☐ No Fraud Found ☐ Fraud Found

ESTIMATED AMOUNT OF

Cash assistance overpayment \$

Food stamp overissuance \$

NATURE OF INVESTIGATION CONDUCTED (Specify)

STATE DEPARTMENT OF SOCIAL SERVICES
 FRAUD HOTLINE COORDINATOR
 744 P STREET, M.S. 19-26
 SACRAMENTO, CALIFORNIA 95814